

# **TRANSIT COORDINATION PLAN OUTLINE**

**Fiscal Year 2007**



This outline and planning worksheets are designed to assist agencies in the development of local coordination plans. The planning worksheets are for your use and do not need to be submitted with your plan.

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## **TRANSIT COORDINATION PLAN OUTLINE**

### **I. Existing Services Attachment #1**

- a. Identify current passenger transportation providers within your service area including contact information.
- b. Once you have identified the providers and contact persons, you should include them in the development of your Coordination Plan.

### **II. Data Gathering Attachment#2**

- a. Document the hours of operation for each transportation provider and answer the questions on the Attachment. You should use one form for each provider.
- b. What transportation needs in your service area have not been met?
- c. Are there other organizations or businesses in the service area that are potential users such as work locations or shopping malls?

### **III. Description of Coordinated Service Plan Attachment#3**

- a. Using the information you gathered from each transportation provider on Attachment#2, you can develop a schedule of service by combining the information to help map out the hours and type of service that each community in your service area will need.
  - i. Some riders need transit service to the same location at the same time every day. Others may need demand/response service.
- b. Describe how the new coordinated transportation service will be managed.
- c. Have any organizations in your service area chosen NOT to be a part of this Coordination Plan?
- d. Describe your Transportation Advisory Committee (TAC). Identify the (TAC) members and their involvement in the development of your Coordination Plan.
- e. Describe how you developed your plan and who was involved in the process including riders (elderly, low income, persons with disabilities) and minority population groups.

**IV. The Service Provider**

- a. Describe the status of your organization: City, County, Private non-profit, Indian Nation
- b. Describe the organizational structure of the service provider.
  - i. Board of Directors, Transit Coordinator, office help, dispatchers, drivers, mechanic
- c. Who is in charge of record keeping/financial?
- d. Describe or attach a copy of your preventive maintenance plan for your vehicles, lifts and other ADA equipment.

**V. Cooperative Agreements**

- a. Attach copies of the service agreements between agencies. These agreements can be as simple as a letter describing the contract amount and the type of service, or more complex if more detail is needed to insure quality service.

Attachment #1

Local Transportation Provider Summary

Identify all possible transportation providers in your area.

Minorities Served		Provider Type	Organization Name	Contact Person	Phone Number	Address
Yes	No					
		Elderly Groups				
		Senior Citizen Centers				
		Nursing Homes				
		Retirement Homes				
		Nutrition Centers				
		Vocational Rehab				
		Mental Health				
		Group Homes				
		Day Programs				
		Head Start				
		HRDC's				
		United Way				
		Easter Seals				
		Boys and Girls Club				

Attachment #1

Minorities Served	Provider Type	Organization Name	Contact Person	Phone Number	Address
Yes	No				
	Church Groups				
	Veterans Administration				
	Taxi Company				
	Fixed Route Service				
	Demand Responsive Services				
	Intercity bus provider				
	University Transportation				
	Private for profit company				
	Hospital				
	Doctor Offices				
	Diagnostic Centers				
	Rehab Centers				
	Therapy Facility				
	Independent Living Centers				
	Low Income Housing				

Attachment #1

Minorities Served	Provider Type	Organization Name	Contact Person	Phone Number	Address
Yes	No	Labor/Employment Programs			
		Major Work Centers			

Attachment #2

Agency Name: \_\_\_\_\_

	<b><u>Hours of Operation</u></b>												
<b><u>Day</u></b>	6:00A	7:00A	8:00A	9:00A	10:00A	11:00A	12:00P	1:00P	2:00P	3:00P	4:00P	5:00P	6:00P
<b>Sunday</b>													
<b>Monday</b>													
<b>Tuesday</b>													
<b>Wednesday</b>													
<b>Thursday</b>													
<b>Friday</b>													
<b>Saturday</b>													

1. Show the hours of service.
2. How many vehicles are used for passenger transportation?
3. What is their capacity? (e.g. 10 passenger + 2 wheelchairs)
4. List types of specialty equipment? (e.g. wheelchair lift, mobile 2-way radio, etc.)
5. What type of service is provided? (e.g. demand/response, medical appointments, work/school, etc.)
6. Identify the riders. (e.g. elderly, disabled, headstart, or general public)
7. Are there unmet transportation needs for this organizations?

### Attachment #3

[illegible]